2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L99000009382

1. Entity Name
PARAMOUNT TITLE OF POLK COUNTY, L.L.C.

Principal Place of Business	Mailing Address
3020 SOUTH FLORIDA AVENUE SUITE 207 LAKELAND, FL 33803	3020 SOUTH FLORIDA AVENUE SUITE 207 LAKELAND, FL 33803

04112007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
59-3615228
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIDOVICH, ANTHONY S
2600 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	VPDT
NAME	FRIDOVICH, ANTHONY S
STREET ADDRESS	2600 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	FRIDOVICH, MELODIE
STREET ADDRESS	2600 SOUTH FLORIDA AVENUE, SUITE 2A
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PS
NAME	SMITH, J.R. (RICK)
STREET ADDRESS	3401 W. CYPRESS ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/18/07 8636833422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #